

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36782

FILED
Jan 31, 2008
Secretary of State

Entity Name: THE GABLES CONDOMINIUM AND CLUB ASSOCIATION, INC.

Current Principal Place of Business:

10 EDGEWATER DR
SUITE 6
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

10 EDGEWATER DR
SUITE 6
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 65-0350623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAXBERG, GRAYSON, KUKOFF & SEGAL, P.A.
25 S.E. SECOND AVENUE
SUITE 730
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STONE, ROBERT
Address: 10 EDGEWATER DR
City-St-Zip: CORAL GABLES, FL 33133

Title: S () Delete
Name: COLE, TODD G
Address: 10 EDGEWATER DR.
City-St-Zip: CORAL GABLES, FL 33133

Title: T () Delete
Name: RATZAN, JUDITH
Address: 10 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: DIR () Delete
Name: GOULD, CATHIE GOULD
Address: 10 EDGEWATER DR
City-St-Zip: CORAL GABLES, FL 33133

Title: DIR () Delete
Name: FINK, RENEE B
Address: 10 EDGEWATER DR
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STONE

PRES

01/31/2008

Electronic Signature of Signing Officer or Director

Date